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January 30, 2013

**Matthew A. Slaven**  
(612) 977-8245  
mslaven@briggs.com

**VIA FEDERAL EXPRESS**

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
Office of the Secretary  
9300 Hampton Drive  
Capitol Heights, MD 20743

**Re: In the Matter of Lifeline and Link Up Reform and Modernization  
WC Docket 11-42**

Dear Ms. Dortch:

Please find enclosed for filing in the above docket pursuant to 47 C.F.R. § 54.416(b) the Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for the study areas below:

State	SAC	Designated Entity
AL	259029	Cellco Partnership
AR	409003	Cellco Partnership
FL	219903	Alltel Communications, LLC
GA	229004	Alltel Communications, LLC
IA	359010	Midwest Wireless Iowa, LLC
IA	359070	RSA 7 Limited Partnership
IA	359071	Iowa 8 - Monona Limited Partnership
KS	419905	Alltel Communications, LLC
LA	279009	Alltel Communications, LLC
MI	319010/319019	Alltel Communications, LLC
MN	369001	WWC Holding Co., Inc.
MN	369002	Midwest Wireless Communications, LLC
MN	369004	RCC Minnesota, Inc.
MS	289010	Alltel Communications, LLC
MS	289002	Rural Cellular Corporation
NC	239003	Cellco Partnership
ND	389005	Bismarck MSA Limited Partnership
ND	389006	North Central RSA 2 of North Dakota Limited Partnership
ND	389007	Northwest Dakota Cellular of North Dakota Limited Partnership
ND	389008	North Dakota RSA No. 3 Limited Partnership

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ND	389009	Badlands Cellular of North Dakota Limited Partnership
ND	389010	North Dakota 5 - Kidder Limited Partnership
NE	379013	Alltel Communications of Nebraska, Inc.
SD	399018	WWC License LLC
SD	399003	RCC Minnesota, Inc.
TX	449003	WWC Texas RSA Limited Partnership
TX	449034	Alltel Communications, LLC
VA	199014	Cellco Partnership
WI	339017/339023	Alltel Communications, LLC
WI	339016	Wisconsin RSA #3 Limited Partnership
WI	339006	Midwest Wireless Wisconsin, LLC
WV	209008	Alltel Communications, LLC

If you have any questions, please contact me.

Sincerely,



Matthew A. Slaven

MAS/pk  
Enclosures

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Alabama

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

259029

Study Area Code(s) (SAC)

Cellco Partnership

ETC Name(s)

Cellco Partnership

Holding Company Name(s)


Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

259029

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2:** *All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
757	0

C	D	E =C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
783	560	223	3	226	78

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial   *MS*  

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

Date

  *1/28/13*    
501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Arkansas

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

409003

Study Area Code(s) (SAC)

Cellco Partnership

ETC Name(s)

Cellco Partnership

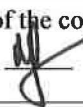
Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
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**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

409003
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*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

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*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
4	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
5	4	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

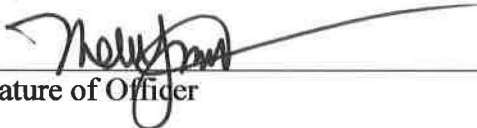
**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MA

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
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159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Florida

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

219903

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)


Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

219903

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial NY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
29	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
30	24	6	0	6	4

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

[illegible]

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
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Form 555  
November 2012

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Georgia

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

229004

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
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**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial NY

229004
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*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial dy

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
2	2	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt


Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial 

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

  
Date

501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Iowa

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

See Attached

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

See Attached

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MS

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
8	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
8	7	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership

### Holding Company Name(s)

SAC	Holding Company Name
359010	Cellco Partnership
359070	N/A
359071	N/A

### DBA, Marketing or Other Branding Name(s)

SAC	Name
359010	Verizon Wireless
359070	Verizon Wireless
359071	Verizon Wireless



Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Kansas

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

419905

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

419905
--------

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

*Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial W

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
30	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
31	26	5	1	6	2

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

[illegible]

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Louisiana

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

279009

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial   *Y*  

279009

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
2	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
3	3	0	0	0	1

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

Mark R. Smith  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
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419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
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170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
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575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Michigan

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

See Attached
--------------

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MS

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
7	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
8	8	0	0	0	1

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt


Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial 

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

  
Date

501-905-6629  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
319010	Alltel Communications, LLC
319019	Alltel Communications, LLC

### Holding Company Name(s)

SAC	Holding Company Name
319010	Cellco Partnership
319019	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
319010	Verizon Wireless
319019	Verizon Wireless

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Minnesota

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

See Attached
--------------

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial WJ

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
572	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
587	376	211	4	215	46

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,



Signature of Officer

Mark R. Smith

Printed Name of Officer

Exec Dir-Operations

Title of Officer

1/28/13

Date

Bob Priebe

Person Completing this Certification Form

501-905-6629

Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.

### Holding Company Name(s)

SAC	Holding Company Name
369001	Cellco Partnership
369002	Cellco Partnership
369004	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
369001	Verizon Wireless
369002	Verizon Wireless
369004	Verizon Wireless

[illegible]

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Mississippi

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial NY

See Attached
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*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

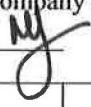
--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
650	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
667	490	177	0	177	60

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

Mark R. Smith  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

1/28/13  
Date

501-905-6629  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation

### Holding Company Name(s)

SAC	Holding Company Name
289010	Cellco Partnership
289002	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
289010	Verizon Wireless
289002	Verizon Wireless

## Affiliated Wireless ETCs

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

North Carolina

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

239003

Study Area Code(s) (SAC)

Cellco Partnership

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

239003

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MS

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
3	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
3	2	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Exec Dir-Operations  
Title of Officer

\_\_\_\_\_  
Bob Priebe  
Person Completing this Certification Form

\_\_\_\_\_  
Mark R. Smith  
Printed Name of Officer

\_\_\_\_\_  
1/28/13  
Date

\_\_\_\_\_  
501-905-6629  
Contact Phone Number

[illegible][illegible][illegible]

<b>SAC</b>	<b>Name</b>
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

***Deadline: January 31<sup>st</sup> (Annually)***

North Dakota

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

N/A


Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

See Attached

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

<i>(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).</i>
---

Form 555  
November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial NY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
8	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
11	10	1	0	1	1

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt


Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial 

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Exec Dir-Operations  
Title of Officer

Bob Priebe  
Person Completing this Certification Form

Mark R. Smith  
Printed Name of Officer

  
Date

501-905-6629  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership

### Holding Company Name(s)

SAC	Holding Company Name
389005	N/A
389006	N/A
389007	N/A
389008	N/A
389009	N/A
389010	N/A

### DBA, Marketing or Other Branding Name(s)

SAC	Name
389005	Verizon Wireless
389006	Verizon Wireless
389007	Verizon Wireless
389008	Verizon Wireless
389009	Verizon Wireless
389010	Verizon Wireless

## Affiliated Wireless ETCs

[illegible]

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Nebraska

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

379013

Study Area Code(s) (SAC)

Alltel Communications of Nebraska, Inc.

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Nebraska Telephone Assistance Program prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

379013

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555  
November 2012

**Section 2:** *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial N

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
24	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
24	0	0	7

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

--

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
\_\_\_\_\_  
Signature of Officer

Mark R. Smith  
\_\_\_\_\_  
Printed Name of Officer

Exec Dir-Operations  
\_\_\_\_\_  
Title of Officer

\_\_\_\_\_  
Date

Bob Priebe  
\_\_\_\_\_  
Person Completing this Certification Form

501-905-6629  
\_\_\_\_\_  
Contact Phone Number

[illegible][illegible][illegible]

## Affiliated ETCs

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

[illegible][illegible][illegible]

[illegible]

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

South Dakota

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1:** *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JA

See Attached
--------------

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

--

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

Form 555  
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial NY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
20	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
24	15	9	0	9	2

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt


Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial 

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
\_\_\_\_\_  
Signature of Officer

Exec Dir-Operations  
\_\_\_\_\_  
Title of Officer

Bob Priebe  
\_\_\_\_\_  
Person Completing this Certification Form

Mark R. Smith  
\_\_\_\_\_  
Printed Name of Officer

1/28/13  
\_\_\_\_\_  
Date

501-905-6629  
\_\_\_\_\_  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
399018	WWC License LLC
399003	RCC Minnesota, Inc.

### Holding Company Name(s)

SAC	Holding Company Name
399018	Cellco Partnership
399003	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
399018	Verizon Wireless
399003	Verizon Wireless

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Texas

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Low-Income Discount Administrator prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial NY

See Attached

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555  
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial my

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
719	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
788	353	353	0

Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial MS

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).

<b>M</b>	<b>N</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

Mark R. Smith  
Signature of Officer

Mark R. Smith  
Printed Name of Officer

Exec Dir-Operations  
Title of Officer

Date

Bob Priebe  
Person Completing this Certification Form

501-905-6629  
Contact Phone Number

Form 555  
November 2012

### ETC Identification

SAC	ETC Name
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC

### Holding Company Name(s)

SAC	Holding Company Name
449003	Cellco Partnership
449034	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
449003	Verizon Wireless
449034	Verizon Wireless

## Affiliated Wireless ETCs

SAC	Name
259029	Cellco Partnership
409003	Cellco Partnership
219903	Alltel Communications, LLC
229004	Alltel Communications, LLC
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership
419905	Alltel Communications, LLC
279009	Alltel Communications, LLC
319010/319019	Alltel Communications, LLC
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation
239003	Cellco Partnership
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership
379013	Alltel Communications of Nebraska, Inc.
159014	St. Lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular Partnership
399018	WWC License LLC
399003	RCC Minnesota, Inc.
449003	WWC Texas RSA Limited Partnership
449034	Alltel Communications, LLC
199014	Cellco Partnership
339017/339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC
209008	Alltel Communications, LLC

Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

West Virginia

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

209008

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

See Attached

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

209008

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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*Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial \_\_\_\_\_

<b>A</b>	<b>B</b>
<b>Number of Subscribers Claimed on May FCC Form(s) 497</b>	<b>Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers</b>
<b>0</b>	<b>0</b>

<b>C</b>	<b>D</b>	<b>E = C-D</b>	<b>F</b>	<b>G = (E+F)</b>	<b>H</b>
<b>Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation</b>	<b>Number of Subscribers Responding to ETC Contact</b>	<b>Number of Non-Responding Subscribers</b>	<b>Number of Subscribers Responding That They Are No Longer Eligible</b>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b>	<b>Number of Subscribers Who De-Enrolled Prior to Recertification Attempt</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>
<b>Number of Subscribers Whose Eligibility Was Reviewed By State Administrator or By ETC Access to Eligibility Data</b>	<b>Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible</b>	<b>Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b>	<b>Number of Subscribers Who De-Enrolled Prior to Recertification Attempt</b>



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**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.


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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_  
(insert current year). I am an officer of the company named above. I am authorized to make this certification for  
the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study  
areas within the state. Attach additional sheets if necessary).


**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an  
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed  
above. Initial 

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee  
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N  
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
Signature of Officer

Mark R. Smith

Printed Name of Officer

Exec Dir-Operations

Title of Officer

Date

Bob Priebe

Person Completing this Certification Form

501-905-6629

Contact Phone Number

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### ETC Identification

SAC	ETC Name
339017	Alltel Communications, LLC
339023	Alltel Communications, LLC
339016	Wisconsin RSA #3 Limited Partnership
339006	Midwest Wireless Wisconsin, LLC

### Holding Company Name(s)

SAC	Holding Company Name
339017	Cellco Partnership
339023	N/A
339016	Cellco Partnership
339006	Cellco Partnership

### DBA, Marketing or Other Branding Name(s)

SAC	Name
339017	Verizon Wireless
339023	Verizon Wireless
339016	Verizon Wireless
339006	Verizon Wireless

[illegible]

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**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.